

# Putting "Child Mental Health" into Public Health

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There is a significant child mental health crisis in the United States. As many as one in five children and adolescents experiences symptoms of a psychiatric disorder each year.<sup>1</sup> Children's psychosocial problems are considered the most common chronic conditions of childhood.<sup>2</sup> The 1999 Surgeon General's report<sup>1</sup> and the 2003 President's New Freedom Commission on Mental Health<sup>3</sup> both emphasize the role of public health in securing the mental health of children and recommend specific actions. National traumas such as 9/11, Columbine, and Hurricane Katrina have underscored the overwhelming need for an immediate response to mental health problems in the events' aftermath, as well as longer-term interventions. These events may be particularly problematic for our children and youth.

As we embark on the 21st century, the public health community is only beginning to acknowledge its role in the mental health of our youngest citizens. While behavioral health research is expanding our understanding of risk and protective factors as well as the effectiveness of interventions and treatments, our ability to adapt research to public health practice lags behind. The public health community can and should turn its attention to population-based initiatives that both promote child mental health and, potentially, prevent outcomes of mental illness.

The public health community is uniquely poised to respond to the crisis in child mental health. In its assurance role, it is critically important that public health incorporate knowledge about the strong relationships between children's mental health and substance abuse, violence, and depression into population-based strategies. From an advocacy perspective, the public health community can provide leadership by increasing awareness of the interrelationships between mental health and chronic disease, the stigma associated with access, and the disparities that exist in mental health care. From a policy perspective, public health leadership should be a major voice in the growing national movement to improve access and services by supporting efforts such as ensuring parity between mental health conditions and physical health disorders.

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Given the importance of potential public health innovation in childhood mental health promotion, it is imperative to address the barriers that the public health community faces in mobilizing for this effort. First, defining satisfactory child mental health and the pathways that lead to it may be as challenging as defining mental illness. The current approach to mental health is largely a payor-based, medical disorders model that in many ways poorly suits the need and labels the child with a diagnosis. Unlike other diseases, diagnostic evidence of mental illness is not achieved through a laboratory test. While certain mental illnesses are universally recognized, there is little consensus about the success of prevention and promotion efforts. To address this issue, we must apply classic public health strategies including prevention, public awareness, coordination of systems, routine evaluations, and strength-based approaches. We do know that the childhood experience of violence, maltreatment, and poverty stress the human condition and impact mental health. These stressors should be preventable.

Second, protecting the nation's mental health—especially that of children and youth—remains a largely invisible activity until a crisis occurs.<sup>4</sup> The current locus of activity is not broad-based enough and is not well coordinated. Child mental health program planning and crisis response is frequently left to state or regional mental health authorities focused largely on the resulting illness rather than mental health promotion. Our lack of foresight in this matter stems from the fact that the public health infrastructure is not well aligned with child mental health needs. Additionally, the mental health field is itself fractious, with multiple long-standing players. Thus, to understand the role of public health in child mental health, the public health community must conceptualize the dimensions of the issue and delineate the realms where it can have an impact. This includes the exploration of mental illness epidemiology, research into prevention, the role of policy and legislation, the examination of access issues, and the relationship to public education.

To address child mental health promotion, public health professionals must strengthen relationships with mental health and primary care communities. Addi-

tionally, expanded partnerships must include schools, juvenile justice systems, youth development programs, and most importantly, ensure the role of families.

With this special section on Child Mental Health, *Public Health Reports* seeks to raise the level of awareness of child mental health in many of these areas. Drs. Adelman and Taylor (page 294) discuss the need for public health to become a substantial partner with education in promoting population-based strategies for improving the mental health of our young people. Congressman Waxman's commentary on "Improving the Care of Children with Mental Illness" (page 299) urges the federal government and its public health departments to view mental health as a system in dire need of reform, in which strategies to improve access and coordinate services should be a top priority. Dr. Grimes (page 311) offers a unique investigation into systems of care and the cost and benefit of such comprehensive approaches to child mental health. And Dr. Horn and colleagues help to dispel myths about child-rearing practices (page 324).

Each of these contributions expands the dialogue. Given the critical nature of mental health problems for our children, adolescents, and families, we must energize the discussion about approaches and solutions. Public health should be a strong voice at the table advocating creative strategies for prevention and early intervention.

## REFERENCES

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